FORM 19

COLORADO HIGH SCHOOL ACTIVITIES ASSOCIATION
14855 E. SECOND AVENUE
AURORA, CO 80011

Submit directly to the CHSAA office via email to: saguilar@chsaa.org

INSTRUCTIONS
Fill in each column
Save to your desktop
Print a copy for you
Send as an attachment

2017-2018 COACHES TEST REPORT

SEASON: Winter ☐ **Spring** ☐ **Fall** ☐

Date: _____ **SCHOOL** _____

The following coaches and the Athletic Directors have all taken the CHSAA coaches test and have passed with 100% accuracy. They have completed the CHSAA concussion education requirements and have submitted their essay on "Why I Coach" to me.

NAME	Values	Coaches Test	Concussion in Sports	SPORT/ACTIVITY

SIGNATURE OF ATHLETIC DIRECTOR OR PRINCIPAL _____

This form must be on file with the CHSAA office prior to the competitive season.
(Fall – August 25, Winter – December 1, Spring – March 9) per CHSAA Bylaw 1620.1

Please Note: A $25 late fee will be charged per month